

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>		204177	12-8-63
<b>RESPONSE FORMALITY REVIEW</b>		71531	55C1

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference <b>R</b>
— (Through numeral) .....	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

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Claim	Date
Final	
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1	1/10/03
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11	1/10/03
12	NN
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25	VV
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37	VVNN
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Claim	Date				
Final Original					
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If more than 150 claims or 10 actions  
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